



Stockbroker Information Report

**Required Format for Brokers Filing
Paper Copy Position Statements***

Florida Dealer File Number: _____ Year Ending: _____

Broker Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Phone: (_____) _____

FORMAT

Social Security Number Name and Address of Florida Customer	CUSIP Number	Security Description	Security Type <i>S = Stock</i> <i>B = Bond</i> <i>S= Mutual</i> <i>Fund</i>	Number of Shares/ Units Held	Value per Share as of 12/31	Total Security Value
999-99-999 John Q. Public 123 Main Street Tallahassee, FL 32301 (101) 123-4567	XXXXXX XXXXXX	ABC Corp Zerex Corp 7 1/4 % 3/15/05	S B	100 50	25.00 10.00	2500.00 500.00
999-99-9999 Sally Q. Average 456 Anywhere Street Orlando, FL 33205 (101) 765-4321	XXXXXX XXXXXX	IMB Mutual Kodax Corp	S S	25 500	100.00 20.00	2500.00 10,000.00

****Deviations from the required paper copy format create data entry problems. Therefore, any paper copy position statements that are not in the above format will be returned for correction and re-submission.***

Mail to: STOCKBROKER ENFORCEMENT UNIT
ENFORCEMENT OPERATIONS
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST BLDG G
TALLAHASSEE FL 32399-0100